RYE RECREATION DAMIANO RECREATION CENTER ~ BUILDING USE APPLICATION ~

OUR NAME:		PAY	ER:		
	Please enclose copy of your I				
ADDRESS:					
PHONE:					
D	Day		Evening		_
ORGANIZATION:			_Certificate of insurance required		
DATE/FIME REOU	JESTED:				
Day			Date	Time	
Rooms Requested:	[] Multipurpose Roo [] Kitchen Board Ro				Holds 30 Holds 30
PURPOSE: (Plo	ease be specific)				
ATTENDANCE: _					
ALCOHOL REOLI	Teens 13-18 Yo EST: (Beer & wine only [])	ouths 17 & under	Adults	naar/wina must	TOTAL
SIGNATURE: _ OFFICE USE ONL' RESERVATION M.			_ DATE	:	
50% DEPOSIT	DUE: \$				
50% due with appli BALANCE DUE	cation.)	Date	F	Receipt No.	
_	eeks prior to event.) ILDING SUPERVISOR ASSIGNED:		Receipt No.		
PERSON TAKI	NG RESERVATION:	Katherine N	apolitano	Date:	
If you are not a sponsor.	resident of Rye, you w	ill need to included	the name, add	ress & phon	e#of your]
Name:	Phone:				
Address:					
Method of Payr	ment: []Check (Please [] Master Card,	make check payable [] Visa, [] Di	•	Rye	

Revised 3-01		
Credit Card Number:		

Signature:_____

Expiration Date: ___/___ Month Year